

**WISCONSIN FOOD STAMP ONLY APPLICATION
REGISTRATION**

If you need an interpreter or other help in completing this form, contact your local county/tribal human or social services agency for assistance. You may have another adult complete the application process for you.

To apply for food stamps, start the application process by completing the information on this page. Include your name, address, and signature and submit it to your local county /tribal human or social services agency. If you are eligible for food stamps, benefits will be provided from the date this completed registration form is received by the local county/tribal human or social services agency.

Name	Address (number, street, city, state, zip code)		
SIGNATURE - Applicant or Authorized Representative		Date Signed	Telephone Number ()

If you need help right away or have an emergency, you may qualify for faster service. To be considered for faster service, answer the questions on the back of this page before submitting it.

To complete the application process for food stamps you will be required to have an interview with a food stamp or Supplemental Security Income (SSI) eligibility worker. You will be asked to provide information that is needed to determine your household's eligibility for food stamps. You will also be asked to provide proof of certain information such as identity, residence, and monthly income.

Your request for food stamps will be processed as soon as possible, but no later than 30 days from the date your request is received by the local agency. However, you may be eligible to receive faster service if:

Your household has no more than \$100 available in cash and bank accounts and expects to receive less than \$150 in income this month **OR** The total amount of your monthly gross income and available cash and bank accounts of all household members is less than your rent or mortgage and utility costs for this month **OR** your household is a migrant or seasonal farm worker household.

Answer the questions on the back of this page so the local county/tribal human or social services agency can decide if you qualify for faster food stamp service. If you do qualify for faster service, you must still complete the application process to receive food stamps within seven days.

Tear Off and Submit This Page to Your Local Agency

Wisconsin Food Stamp Only Application – Registration

HCF 16019B (Rev. 01/2003) (Formerly DES 11605)

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Check or write an answer:

	Yes	No
Did your household receive food stamps this month?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in your household a migrant or seasonal farm worker?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, Did his/her income recently stop?	<input type="checkbox"/>	<input type="checkbox"/>
Will s/he receive more than \$25 in income from a new source in the next ten days?	<input type="checkbox"/>	<input type="checkbox"/>
Is your household homeless or staying in temporary housing?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where are you staying?		

What is your household's total gross **income** for this month?
(Gross income is your income before taxes and other deductions) \$ _____

What are your household's total available assets?
(Examples of assets include, cash, bank accounts, stocks, bonds, IRAs, certificates of deposit, and Keogh plans) \$ _____

Total income and assets \$ _____

What are your shelter expenses for this month?
(Examples of shelter expenses include rent or mortgage payments for an apartment, house or mobile home lot) \$ _____

What are your total utility expenses for this month?
(Examples of utility expenses include gas, electric, water, sewer and trash removal) \$ _____

Total shelter/utility expenses \$ _____

WISCONSIN FOOD STAMP ONLY APPLICATION IMPORTANT INFORMATION

Read the following statements carefully. Ask about any statements you do not understand. Keep this information with your important papers.

FOOD STAMP BENEFITS

The Wisconsin Food Stamp Application is an application for food stamp benefits only. Food stamp benefits are available to low-income households to help them meet monthly nutritional needs. A household is usually made up of the people who live together and share food. The amount of the food stamp benefit is based on the household's income and the number of people in the household. Food stamp benefits are issued through the Wisconsin QUEST card that is used like a debit card at participating grocery stores or other participating food retailers. The members of a household who receive food stamp benefits are called the food stamp group.

COMPLETING THE APPLICATION PROCESS

To complete the application process for food stamps you will be required to have an interview with a food stamp or Supplemental Security Income (SSI) eligibility worker. You will be asked to provide information that is needed to determine your household's eligibility for food stamps. You will also be asked to provide proof of certain information, such as:

- Identity
- Citizenship or Immigration Status
- Address
- Monthly Gross Income (before taxes)

To receive a deduction for the following expenses you must report and verify:

- Rent or mortgage payments.
- Utility costs.
- Dependent care expenses.
- Legally-obligated child support payments.
- Out-of-pocket medical expenses for any elderly or disabled household member

PRIORITY SERVICE

Your request will be processed as soon as possible, but no later than 30 days from the date your request is received by the local county/tribal social or human services department. However, you may be eligible to receive faster service if your household:

- Has no more than \$100 available in cash and bank accounts and expects to receive less than \$150 in income this month **OR**
- Has total monthly gross income and available cash and bank accounts that is less than the rent, mortgage, and utility costs for this month **OR**
- Includes a migrant or seasonal farm worker household.

To see if you are eligible to receive food stamps within seven days, answer the questions on the back of the Food Stamp Registration form and sign the front of the form. Submit the completed Food Stamp Registration form to your local county/tribal social or human services department.

Tear Off and Keep

AUTHORIZED REPRESENTATIVE

You have the right to have another person represent you and act on your behalf to complete the application process, obtain food stamp benefits, or use food stamp benefits for you. This person will act as your “authorized representative”. If you want to have an authorized representative, use the Authorization of Participant’s Representative form (DES 2375) to inform the local county/tribal human or social services agency who your representative will be. Contact your local county/tribal human or social services agency to get one of these forms. If the person who completes the application process for you gives the wrong information, you will be responsible for any mistakes.

USE OF SOCIAL SECURITY NUMBERS

Social Security Numbers (SSN) must be provided for all members of your household who want to receive benefits. If someone in your household is not applying for food stamp benefits you do not need to provide SSN information for that person.

Providing or applying for an SSN is voluntary; however any person who wants food stamp benefits but does not provide their SSN or apply for one, will not be eligible for benefits.

SSN information will be used for administration of the Food Stamp program. Your SSN permits a computer check of your information with government agencies such as the Internal Revenue Service (IRS), Social Security Administration (SSA) and the Department of Workforce Development, as well as the School Lunch Program. Social Security numbers are also used to check the identity of household members and to verify income from such sources as employers, banks and other parties.

IMMIGRATION STATUS

To be eligible for food stamp benefits individuals must be U.S. citizens or have a qualifying immigration status with the Immigration and Naturalization Service (INS). The immigration status of any person applying for food stamp benefits will be verified with the INS. Information from INS may affect food stamp eligibility and benefit amount.

Immigration status will NOT be verified with INS for persons who are not requesting assistance or who indicate that they do not have a qualifying immigration status with INS. However, the income and assets belonging to these individuals may affect food stamp eligibility and benefit amount.

COLLECTION OF INFORMATION

The collection of information in the application, including the Social Security Number of each household member applying for benefits, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. This information will be verified through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. Providing the requested information, including the Social Security Number of each household member, is voluntary. However, failure to provide a Social Security Number will result in a denial of food stamp benefits to each individual failing to provide a Social Security Number. Any Social Security Numbers provided will be used and disclosed in the same manner as Social Security Numbers of eligible household members.

Tear Off and Keep

W-2 ELIGIBILITY

The Food Stamp Program is an entitlement. You do not have to apply for W-2 to be eligible for food stamp benefits.

NON-DISCRIMINATION

In accordance with Federal law and United States Department of Agriculture policy, this institution (your local county/tribal human or social services agency) is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination write:

USDA
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, S.W.,
Washington D.C. 20250-9410

Telephone: (202) 720-5964 (voice and TDD)

USDA is an equal opportunity provider and employer.

You may also file a complaint of discrimination by contacting:
Department of Health and Family Services (DHFS)
Affirmative Action and Civil Rights Compliance Office
1 W. Wilson, Room 555
Madison, WI 53707-7850

Telephone: (608) 266-9372 (Voice); (608) 266-2555 (TTY)
Fax: (608) 267-2147

The DHFS is an equal opportunity employer and service provider. For civil rights questions, call (608) 266-9372 or (608) 266-2555 TTY (toll free).

FAIR HEARING

If you do not agree with any action taken concerning your application or ongoing benefits, you have the right to a Fair Hearing. You can request a Fair Hearing by writing to:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

You may also contact your local county/tribal agency and ask for a Fair Hearing verbally or in writing.

Tear Off and Keep

CHANGE REPORTING REQUIREMENTS

If you are found eligible for food stamp benefits, you must report some household circumstance changes to your county/tribal social or human services department within ten days. These changes include:

- Any new source of income.
- Change in salary or rate of pay.
- Change in full or part-time employment status.
- Change in child support income of more than \$100 per month
- A change in other unearned income of more than \$25 per month
- A change in assets which results in exceeding the asset limit. (Ask your worker about the asset limit.)
- If a person moves in or out of the household.
- Any change in address and resulting change in shelter costs
- Any change in the legal obligation to pay child support
- Adults 18-49 years of age not caring for dependents must report if work hours are reduced to less than 20 hours per week

Failure to report a reduction or loss of income will mean that you do not want the resulting increase in food stamp benefits.

WORK REGISTRATION

All persons in your food stamp group must be registered with the Food Stamp Employment and Training (FSET) program, unless otherwise exempt. Those who do not have to register with FSET include:

- A parent or other household member who is responsible for the care of a dependent child who is less than 6 years old, or for a disabled person of any age,
- A person younger than 16 years of age, or 60 years of age or older,
- Participants in drug addiction or alcohol treatment programs,
- Persons who are already working at least 30 hours per week (or who are receiving weekly earnings which equal 30 times the federal minimum hourly wage),
- Persons who are receiving, or have applied for, Unemployment Insurance, or
- Students enrolled in a recognized school, training program, or institution of higher learning.
- Persons who are physically or mentally unfit for employment as determined by the local agency.

You will receive more information about the Food Stamp Employment and Training Program if you are eligible for food stamp benefits.

TIME-LIMITED BENEFITS

Adults 18-49 years of age who are not living with dependent children may be subject to time limited food stamp benefits unless they meet **one** of the following criteria:

- Employed a minimum of 80 hours per month;
- Participating in an employment and training program a minimum of 20 hours per week;
- Employed and participating in an employment and training program for a combined minimum of 20 hours per week.
- Participating in a workfare program;
- Physically or mentally unfit for employment as determined by the local agency;
- Pregnant; or
- Otherwise exempt from participation in the Food Stamp Employment and Training Program.

Tear Off and Keep

STUDENT ELIGIBILITY

Students 18-49 years of age enrolled half-time or more in an institution of higher education such as a university, vocational, or technical college, are ineligible for food stamp benefits unless they meet certain requirements. To be eligible for food stamp benefits a student must meet **one** of the following criteria:

- Employed a minimum of 20 hours per week;
- Responsible for the care of a dependent household member under 6 years of age;
- Responsible for the care of a dependent household member 6-11 years of age where it has been determined that adequate child care is unavailable;
- A single parent enrolled full-time and responsible for the care of a dependent child under 12 years of age;
- Enrolled in the W2 Program;
- Participating in a State or federally funded work-study program;
- Participating in an on-the-job training program;
- Assigned to education as part of an authorized employment and training program; or
- Physically or mentally unfit for employment as determined by the local agency.

CHILD SUPPORT COOPERATION

While you are receiving food stamp benefits you must cooperate with the child support agency to establish paternity or to secure and enforce a child support order for your child(ren) under 18 years of age. If you do not cooperate with the child support agency your benefits may end or be reduced. If you have good cause to not cooperate, you can file a good cause claim with the local county/tribal human or social services agency using the Good Cause Claim form (DES 2019). Good cause for not cooperating may be granted if:

- There is significant risk of physical or emotional harm to yourself or the child if you give information to the child support agency; **or**
- Your child was born as a result of incest or sexual assault; **or**
- A petition for the adoption of your child has been filed with a court; **or**
- You are working with an agency to decide if you will place your child for adoption.

You may be asked to provide evidence to prove your good cause claim. Examples of evidence include:

- Medical, court or law enforcement records
- Written statements from individuals, such as friends, neighbors, clergy, social workers and medical professionals

Ask the local county/tribal social or human services agency for more information about filing a Good Cause Claim.

If you are under a court order to provide child support payments for a child who is not living with you, you must be up-to-date in making those support payments or you may not be eligible to receive food stamp benefits for yourself.

COMPUTER CHECK

The information on your application will be subject to verification through the state income and eligibility verification system. If you work, the wages you report are checked by computer against the wages your employer reports to the Department of Workforce Development. The Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Child Support Agency are also contacted about income and assets you may have. The information obtained may affect your household's food stamp eligibility and amount of benefits.

Tear Off and Keep

If any information you give is found to be incorrect, you may be denied food stamp benefits and/or be subject to criminal prosecution for knowingly providing false information. You must repay any benefits you received because you gave false information. If a food stamp claim arises against your household, the information on this application, including all Social Security Numbers, may be referred to Federal and State agencies, as well as private claims and collection agencies, for claims collection action.

QUALITY CONTROL REVIEW

It is possible that your food stamp case may be chosen for a Quality Control review. Quality Control reviews are done to make sure that:

- Persons who receive benefits are eligible for them.
- Persons who are eligible are not denied benefits.
- People receive the correct amount of benefits.
- The agency complied with state and federal requirements.

If your case is chosen for review, a Quality Control reviewer will review your case file at the agency office and make an appointment to see you personally, usually in your home. The reviewer has state agency identification. The reviewer will ask to see documents and records which are necessary to verify your eligibility, such as Social Security cards, rent receipts, bank statements, and wage receipts. The reviewer will also ask for your written consent to contact others for information needed to complete the review. You may lose your benefits if you do not cooperate with the reviewer.

FOOD STAMP PENALTY WARNING

Any member of your household who intentionally breaks any of the following rules can be barred from the Food Stamp Program for 12 months after the first violation, 24 months after the second violation or for first violation involving a controlled substance, and permanently for the third violation:

- Giving false information or hiding information to get or continue food stamp benefits,
- Trading, selling, or altering food stamp benefits,
- Using food stamp benefits to buy non-food items, like alcohol or tobacco, or
- Using another person's food stamp benefits, identification cards or other documentation.

Depending upon the value of misused benefits, the individual can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar an individual from the program for an additional 18 months. You will also be permanently disqualified if you are convicted of trafficking food stamp benefits of \$500 or more. You will be ineligible to participate for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits at the same time. Fleeing felons and probation/parole violators are ineligible for the program. The individual may also be subject to further prosecution under other applicable federal laws.

Any member of your household who has used or received benefits involving the sale of any controlled substance is ineligible for 24 months after the first violation and permanently after the second. Any member of your household who has used or received benefits involving the sale of firearms, ammunition or explosives is permanently ineligible after the first violation.

Tear Off and Keep

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing
HCF 16019B (Rev. 01/2003) (Formerly DES 2035 and 2379)

STATE OF WISCONSIN**WISCONSIN FOOD STAMP ONLY APPLICATION**

This application is for food stamp benefits only. This is not an application for Medicaid, Child Care, or W-2. If you are interested in applying for these assistance programs you must contact your local county/tribal social or human services department, or your W-2 agency. These programs provide persons or families help with the cost of health care, childcare, or finding a job as part of W-2.

How to use this form

1. Do not write in the shaded sections.
2. Print clearly. Use blue or black ink.
3. Fill out the application completely. If you do not understand a question, call the agency listed on the application for help.
4. If you need help filling out this application, contact your local county/tribal social or human services department for assistance. If you have a disability and need to access this application in an alternate format, or need it translated to another language, please contact (608) 266-3356 (voice) or (608) 266-2555 (TTY). These translation services are free of charge.
5. To complete the application process for food stamps you will be required to have an interview with a food stamp or SSI eligibility worker.

SECTION I**COUNTY/TRIBAL SOCIAL OR HUMAN SERVICES DEPARTMENT INFORMATION**
(Agency Use Only)

Agency Name	Date Received	
Agency Address (Street, City, State, Zip Code)	Case Name	Case Number

SECTION II**PERSON COMPLETING APPLICATION**

If you need help completing the application, you can have another person help you or appoint an Authorized Representative to represent you in the application process. Then, have that person answer the following questions. If not, skip to Section III.

Name of Person Completing Application if other than the Applicant (Last, First, MI)	Relationship to Applicant	Do you live in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION III**APPLICANT INFORMATION**

If you are completing this application for someone else, answer the rest of the questions as if you were that person.

Applicant Name (Last, First, MI)	Check the language in which you want food stamp notices printed. <input type="checkbox"/> English <input type="checkbox"/> Spanish	Primary language spoken in home:
Residence Address (Street, City, State, Zip Code)	Telephone Number	
Mailing Address – If different from your residence (Street, City, State, Zip Code)		

Section IV
Household Information

If more room is needed, use a blank sheet of paper or the "Notes" section of this application to answer these questions.

List names of all persons living in your household.	Applying for Food Stamps?	Social Security Number (Those Applying Only)	Date of Birth (MM/DD/YY)	Gender M - Male F - Female	Marital Status	U.S. Citizen (Only for those applying)	Race or Ethnicity (Optional)	Relationship to Applicant	Share Food with this Person	Provide Care for this Person
Name (Last, First, MI)										
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section V
Student Information

If more room is needed, use a blank sheet of paper or the "Notes" section of this application to answer these questions.

Is there anyone 18 – 49 years of age attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, go to Section VII	Name of Student (Last, First, MI)	Name of School	Enrollment <input type="checkbox"/> Part time <input type="checkbox"/> Full time
Is the student employed at least 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student caring for a child under 6 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the student caring for a child 6-12 years of age where adequate daycare is not available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student a single parent caring for a child under 12 years of age and attending school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the student participating in a federal or state funded work-study program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student unable to work due to a temporary or permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the student attending school due to placement through Workforce Investment Act (WIA), Wisconsin Works (W-2), or Food Stamp Employment and Training (FSET)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section VI
Non-Financial Information

If more room is needed, use a blank sheet of paper or the "Notes" section of this application to answer these questions.

Is anyone in the household pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Pregnant Woman (Last, First, MI)	Estimated Due Date (mm/dd/yy)
Is anyone in the household temporarily unable to work due to injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First, MI)	When will this person be able to return to work?
Has anyone been found totally disabled by the Social Security Administration (SSA), Veteran's Administration (VA), or Railroad Retirement Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First, MI)	Date of Disability Determination (mm/dd/yy)
Has anyone been convicted of a drug felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First, MI)	Date of Conviction (mm/dd/yy)
Is anyone a fleeing felon or in violation of probation/parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First, MI)	

Section VII
Absent Parent Information

If more room is needed, use a blank sheet of paper or the "Notes" section of this application to answer these questions.

Do any children have a natural or adoptive mother or father who is not living at home? ☐ Yes ☐ No (Add a second sheet if more room is needed.)

Name of First Absent Parent (Last, First, MI)	Social Security Number	Date of Birth	Name(s) of Child(ren)	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
Reason for Parent's Absence		Date Parent Left Household	Date Last Contact With Parent	Court Order of Divorce / Paternity Case Number County State
Name of Second Absent Parent (Last, First, MI)	Social Security Number	Date of Birth	Name(s) of Child(ren)	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
Reason for Parent's Absence		Date Parent Left Household	Date Last Contact With Parent	Court Order of Divorce / Paternity Case Number County State

(Agency Use)

Section VIII

Assets

Asset Information is not needed for SSI recipients applying for food stamps

List all assets owned by the applicant(s). Include assets owned jointly with anyone else. Do not include the value of personal household belongings, unless of unusually high value.

Type	Name of Owner(s)	Current Value	Description (such as Bank/Financial Institution Name, Account Number)	Name of Owner(s)	Current Value	Description (such as Bank/Financial Institution Name, Account Number)
Cash		\$			\$	
Checking Account		\$			\$	
Savings Account		\$			\$	
Other (for example: stocks, bonds, certificates of deposit, IRA)		\$			\$	

Section IX

Employment

Food stamp benefit eligibility will be based on total household income.

Is any household member working (including self-employment)? ☐ Yes ☐ No

Is anyone listed below a migrant worker? ☐ Yes ☐ No

If yes, answer questions below for each household member who is working.

Name of Person Working	Employer Name and Address	Date employment began?	Pay period (weekly, bi-weekly, monthly)	Number of Hours in Pay Period	\$ per Hour	Gross Earnings per Pay Period

Section X

Loss Of Employment

Has anyone recently ended employment? ☐ Yes ☐ No If yes, complete the rest of Section X.

Name of Person	Employer Name and Address	Date employment ended? (mm/dd/ccyy)	Reason Employment Ended? (quit, fired, laid off, moved)	Has this person applied for unemployment insurance?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section XI
Unearned Income

Does anyone in your household receive unearned income? ☐ Yes ☐ No If you answered "Yes" complete section below for each income type. If more room is needed, use a blank sheet of paper or the "Notes" section of this application to answer these questions.

Type of Income		Name	Gross Monthly Amount	Type of Income		Name	Gross Monthly Amount
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Disability / Sick Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Interest / Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Alimony / Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Workers / Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Other income (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Section XII
Expenses

If more room is needed, use a blank sheet of paper or the "Notes" section of this application to answer these questions.

Child Care - Does anyone pay for child or adult care so they can work, look for work, go to school or receive training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays for child / adult care?	Who do you pay?	Who is it for?	Amount \$	How often paid? (weekly, biweekly, monthly)
Child Support – Is anyone court-ordered to pay child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays the child support?		Who receives the child support payments?	Amount \$	How often paid? (weekly, biweekly, monthly)
Medical Expenses – Does any elderly or disabled household member have out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who is the expense for?		What are the expenses?	Amount \$	How often paid? (weekly, biweekly, monthly)
Shelter Costs - Does anyone in the household have shelter costs? (rent, mortgage, property taxes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays the expense?		What is the expense?	Amount \$	How often paid? (weekly, biweekly, monthly)
Do you receive housing assistance? (Section 8 or other subsidized public housing)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Utility Expenses – Does anyone in the household have utility expenses? (heat, electricity, water, phone, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays the expense?		What is the expense?	Amount \$	How often paid? (weekly, biweekly, monthly)
Have you received heating assistance at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date heating assistance received? (mm/dd/yy)				

Section XIII

Rights And Responsibilities

Read and initial each statement below:

- ___ **Fair Hearings:** I understand I have the right to file a fair hearing request to appeal any action taken concerning my application or ongoing benefits if I do not agree with that action. I understand I can ask for a Fair Hearing by writing to: **Department of Administration, Division of Hearings & Appeals, Box 7875 Madison WI 53708-7875**. I may also contact the agency office where I applied and ask for a Fair Hearing verbally or in writing. I understand I can refer to the Fair Hearing pamphlet (PES-17) for more information.
- ___ **Rights and Responsibilities:** I have received the "Important Information" section of the Wisconsin Food Stamp Only Application that includes my rights and responsibilities.
- ___ **Reporting Changes:** I understand for Food Stamps for all persons in my household, I must report to the agency within 10 days:
- Any new source of income, change in salary or rate of pay, change in full or part-time employment status
 - Change in child support income of more than \$100 per month
 - A change in other unearned income of more than \$25 per month
 - A change in assets which results in exceeding the asset limit
 - If a person moves in or out of the household
 - Any change in address and resulting change in shelter costs
 - Any change in the legal obligation to pay child support
 - Adults 18-49 years of age not caring for dependents must report if work hours are reduced to less than 20 hours per week
- ___ **I UNDERSTAND THAT FAILURE TO REPORT THESE CHANGES WHICH RESULT IN INCORRECT BENEFITS WILL MEAN RECOVERY OF ANY AMOUNTS OVERPAID AND COULD ALSO LEAD TO PROSECUTION FOR FRAUD, A FELONY.**
- ___ **Expenses:** I understand that expenses I report such as shelter, utility, child care, child support, or medical costs may affect the level of Food Stamp benefits my household receives. I understand that failure to report or verify an expense means that I do not want to receive a deduction for this expense.
- ___ **Income Reduction:** I understand that I am not required to report a reduction or loss of income; however, I may be entitled to a higher food stamp benefit if I do. I understand that as long as I do not report a reduction in my household's monthly income or the loss of any household income, that I will not receive any resulting increase in my food stamp benefit.
- ___ **Work and Training:** I understand by signing the Application, I have registered myself and all persons included in my Food Stamp group with the Food Stamp Employment and Training Program (FSET), unless otherwise exempt.
- ___ **Immigration Status:** I understand that I and all other persons living in my household and who apply for aid must be citizens or in a satisfactory immigration status in order to receive assistance. I understand that the alien status of any person in my household applying for benefits will be verified with the Immigration and Naturalization Service (INS); this information provided by INS may affect my household's eligibility and amount of benefits. I understand that my status will NOT be verified with INS if I am not requesting assistance for myself or if I state that I am an alien without satisfactory alien status.
- ___ **Any person, including any financial institution, credit reporting agency, employer, or educational institution, is authorized to release this information, according to Wisconsin Statute §46.25 (2m): "The department may request from any person any information it determines appropriate and necessary for the administration of this section, §49.19, 49.45 through 49.47 and programs carrying out the purposes. Any person in this state shall provide this information within seven (7) days after receiving a request under this subsection."**
- ___ **I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of perjury and false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship status of each household member applying for benefits. I understand and agree to provide documents to prove what I have said. I understand that the agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.**

SIGNATURE – Applicant or Authorized Representative

Date Signed

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